head. The tumor, the size of a fist, covered the nose and the eye of one side. The sac contained fluid and brain-tissue. There were no other symptoms. Both cases operated upon died as the direct result of operation. The second case was unique in that it combined a tumor of the dura with an encephalocele. (3) A third case in recorded in a male infant æt 11 days, in which a tumor the size of a child's head existed upon the occiput. In this case a large portion of brain tissue was removed in the operation. This case also proved fatal. The author thinks the removal of brain substance did not cause death. In all these cases there was great difficulty in maintaining a perfectly aseptic dressing and wound surface. These difficulties of antisepsis remain to be improved.

Five cases of spina bifida were also operated upon with two recoveries. As causes of death we have suppuration and meningitis (1). Undetermined (bandages and wound remaining aseptic, no inflammatory lesions post mortem) (2).

The author advises in all cases of cerebral and spinal herniæ a preliminary incision of the sac, with removal of the same and suture, if the contents be fluid. If cerebral substance exist in the sac an attempt at reposition is advisable; if it is successful a truss can be worn subsequently. If reposition of contents fail their removal is advisable. Ligature of the base of the sac before incising the same is only justifiable in meningocele with little cerebral contents. The fear of a loss and escape of cerebro spinal fluid can be met by immediate introduction of the finger into the sac after incision and closure of the communication with the skull by digital means. High position of the operated part and narcosis have also good effects. The author rejects the Schatz-Rizzoli methods.—*Zeitsch. f. Chir.*, bd. 28, heft 4 and 5.

HENRY KOPLIK (New York).

II. On Regeneration of Cerebral Tissue after Traumatic Lesions. By DR. PRUS (Lvov, Austrian Galicia). Cöen and many other observers most decidedly deny any probability of a genuine regeneration of the cerebral tissue and assert that in cases of brain lesions ending in healing, the newly formed structure does not contain any new nervous elements whatever. To verify those statements, Dr. Prus has undertaken experiments on rabbits, dogs and guinea pigs, in which, having performed trephining, he made incisions (with Graefe's knife) into the brain, or excised wedge-shaped pieces of the cerebral substance, or grafted portions from one hemisphere to the opposite one. As a rule, the wound inflicted healed kindly more or less rapidly, according to the extent of the lesion. Quite frequently the union proved to be so perfect that not only the wounded area could not be distinguished from its intact neighborhood by the naked eye, but even microscopical local changes were found to be only trifling. "A most complete regeneration of the cerebral tissue took place sometimes also in cases of excision of wedge-shaped pieces, the proliferation process being now and then so lively that the newly formed tissue even rose above the level of the adjacent parts." Similarly, early, the cerebral grafts became often thoroughly united with the subjacent tissue; in fact, they failed to do so only in such cases where there had occurred a rather profuse hæmorrhage during the transplantation.—*Wiadomosci Lekarskie*, August, 1888.

VALERIUS IDELSON (Berne).

III. Traumatic Aneurism in a Child Under one Year. By K. C. BOSE (India). The patient, a girl, æt. 11 months, while playing fell on the floor sustaining a bruise on the left cheek, which in the course of time assumed the form of a big pulsatile tumor, about the size of a potato. The health of the child in no way suffered from the swelling until one day she accidentally scratched the skin covering it, with her nails. Inflammatory symptoms supervened, and a medical practitioner ordered poultices to be applied, subsequently puncturing the tumor. Alarming hæmorrhage followed the puncture, which could not be controlled. When the author was summoned he found the child almost bloodless. The dressings were removed from the wound and the clots turned out, a small branch (malar) of the facial artery was feebly spouting and was at once twisted; the soft parts around the wound were sloughing; the following morning it was seen that the hæmorrhage had still continued; the sloughing process had spread to the outer canthus of the eye. A consultation was held, and it was de-